

**BOARD OF CERTIFICATION OF PUBLIC
WATER SYSTEM OPERATORS
STATE OF HAWAII**

date received _____
☐ **4/25/06**
☐ **10/31/06**

Distribution System Operator Examination Registration Form
(please mail entire form)

DUE DATE: Certification application and fee, exam registration and fee must be received three months before the exam date.

EXAM FEE: \$30, make Cashier's Check or Money Order payable to STATE OF HAWAII. No personal checks accepted.

Mail registration and check to:

Board of Certification, Public
 Water System Operators
 Hawaii Dept. of Health, EMD
 Safe Drinking Water Branch
 919 Ala Moana Blvd., Room 308
 Honolulu, HI 96814-4920

phone: (808) 586-4258
 FAX: (808) 586-4351

☐ *new address?*

 Name (Last) (First) (Middle Initial)

 Business Address

 City State Zip Code Social Sec.No. (last 4 digits)

 Business Phone No. Fax No. Email (optional)

 PWS ID. Water System

Exam fee of \$30 is attached for: **Exam Grade Level** _____

 Signature Date